

## 2026 Dual Care PPO D-SNP

Please note this is only a summary of costs. Because you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0 for your deductible, doctor office visits, and inpatient hospital stays. Please read your *Evidence of Coverage* online (<https://simpra.com/for-members/plan-documents>) for complete benefit information.

Monthly Plan Premium	\$0 Medical Premium / \$27.70 Drug Premium (\$0 with Extra Help) Your Part B Premium may be covered by Medicaid.	
Deductibles	\$0 Medical deductible and \$0 Drug deductible	
Maximum Out-of-Pocket (MOOP) amount	\$9,250 In-Network / \$13,900 In- and Out-of-Network combined <i>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</i>	
Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Outpatient Hospital Coverage and Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Ambulatory Surgical Center (ASC)	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Primary Care Provider Visit	\$0 Copayment	\$0 Copayment
Primary Care Provider Telehealth Visit	\$0 Copayment	Not covered
Specialty Care Provider Visit	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Specialty Care Provider Telehealth Visit	\$0 Copayment	Not covered
Preventive Care Services including Annual Wellness Visit	\$0 Copayment <b>Important Message About What You Pay for Vaccines</b> Our Plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.	
Emergency Care (Coverage limited to U.S. and its territories only)	\$0 Copayment	\$0 to 20% Coinsurance up to \$90 per visit*
Urgent Care (Coverage limited to U.S. and its territories only)	\$0 Copayment	\$0 to 20% Coinsurance up to \$40 per visit*
Diagnostic Services: Diagnostic tests/procedures, Diagnostic radiology services (e.g., MRI, CT Scan), Outpatient X-rays, Therapeutic Radiology, and Outpatient Blood Services	\$0 Copayment	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</i>

# 2026 Summary of Benefits

Benefits	In-Network	Out-of-Network
Diagnostic Services: Lab services	\$0 Copayment No coinsurance	\$0 to 20% Coinsurance per visit*
	<i>Prior authorization required for Genetic Testing.</i>	
Hearing Exam (Medicare Covered)	\$0 Copayment	\$0 to 20% Coinsurance per visit*
Supplemental Benefit: Hearing Aids (includes Annual Fitting/Evaluation)	\$0 Copayment You pay nothing up to \$2,500 maximum allowance every two years for hearing aids for both ears combined, including non-prescription hearing aids.	
Dental Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% coinsurance for each Medicare-covered service* <i>Prior authorization is required.</i>
Supplemental Dental Benefits: Preventive and Comprehensive Care	\$0 copayment Up to \$3,000 for preventive and comprehensive dental services combined every benefit year. Other service limits apply.	20% coinsurance for comprehensive dental services Up to \$3,000 for in-network and out-of-network combined
Vision Care	\$0 Copayment	\$0 to 20% coinsurance for each Medicare-covered service*
Supplemental Vision Benefits: Routine Eye Exam including refraction	\$0 Copayment	\$0 Copayment
Supplemental Vision Benefits: Eyeglasses (lenses and frames) and/or contact lenses	You pay nothing up to \$400 total combined eyewear credit every year. <i>This allowance does not apply to eyewear obtained following cataract surgery.</i>	
Mental Health Services: Inpatient Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Mental Health Services: Outpatient Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>

\*\$0 copayment if the provider accepts Medicaid, or if not, the member pays the Medicare amount for 2026.

## Outpatient Prescription Drug Benefits—Cost Sharing (Part D)

Deductible	\$615 for all Part D prescription drugs.
Initial Coverage Stage	<p>During the Initial Coverage Stage, the Plan pays its share of the cost of your covered prescription drugs, and you pay your share (your coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.</p> <p>25% coinsurance <b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)</p> <p>25% coinsurance <b>Standard mail-order cost-sharing</b> (up to a 90-day supply)</p> <p>25% coinsurance <b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)</p>
<i>The Coverage Gap Stage was removed in 2025. The Part D prescription drug “donut hole” no longer exists.</i>	
Catastrophic Stage	<p>Once your out-of-pocket costs have reached \$2,100, you leave the Initial Coverage Stage and move into the Catastrophic Coverage Stage.</p> <p>During this payment stage, the Plan pays the full cost for your covered Part D drugs. You pay nothing.</p> <p>You will stay in this payment stage until the end of the calendar year.</p>

Cost-sharing may differ based on the point of service (e.g., mail order, retail, Long Term Care, home infusion), whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (30 days) or long-term supply (90 days).

However, you may qualify for a Low-Income Subsidy (LIS) or Extra Help and your cost-sharing would depend on your level of assistance. If you qualify for Extra Help, you will receive a notification detailing your copay level and amounts, and you will not pay the 25% coinsurance. See the table below.

LIS Level	2026 LIS Copayments	LIS Deductible
1	\$5.10 Generic \$12.65 Brand	\$0.00
2	\$1.60 Generic \$4.90 Brand	\$0.00
3	\$0.00 Generic \$0.00 Brand	\$0.00

Additional Benefits	In-Network	Out-of-Network
Ambulance Service (Ground or Air)	\$0 Copayment for each one-way Medicare-covered service	\$0 to 20% Coinsurance for each one-way Medicare-covered service*
Diabetic monitoring supplies	\$0 Copayment	\$0 to 20% Coinsurance*
Diabetic therapeutic shoes or inserts	\$0 Copayment	\$0 to 20% Coinsurance*
Skilled Nursing Facility	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Medicare Part B Prescription Drugs: Chemotherapy/Radiation drugs, Other Part B drugs, Part B Insulin	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance* <i>Prior authorization is required.</i>
Physical Therapy, Occupational Therapy, Speech-Language Pathology Therapy Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% coinsurance for each Medicare-covered service* <i>Prior authorization is required.</i>
Podiatry Services (Foot Care)	\$0 Copayment for each Medicare-covered service	\$0 to 20% coinsurance for each Medicare-covered service*
Supplemental Benefit: Over-the-Counter benefit	<b>Important Message About What You Pay for Insulin</b> You won't pay more than \$35 for a one-month supply of each insulin product covered by our Plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.	
Special Supplemental Benefit for the Chronically Ill (SSBCI): General Support for Living, Food & Produce, OTC combined allowance	\$0 Copayment and you receive a \$235 monthly allowance on the Simpra Benefits Mastercard® Prepaid Card to spend on certain over-the-counter medications, as well as health and wellness products from in-network retailers. Unused allowance will not carry over to the next month. For details on approved items and retailers please visit <a href="https://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a> .  Your \$235 OTC allowance benefit noted above may also be used toward general support for your living needs (e.g., rent and utilities), as well as food and produce. Unused allowance will not carry over to the next month. For details on approved items and retailers please visit <a href="https://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a> .  <i>Member must have one or more qualifying chronic conditions. Please see qualifying conditions at the end of this document.</i>	
Supplemental Benefit: Social Companion Benefit	\$0 copayment/coinsurance for each Medicare-covered service.  Covers up to 25 visits to be determined by the RN Care Coordinator.	Not Covered
Transportation Services	<b><i>In Network Only:</i></b> There is no coinsurance, copayment, or deductible. You receive up to 48 one-way rideshare trips every year to plan-approved health-related locations.	

\*\$0 copayment if the provider accepts Medicaid, or if not, the member pays the Medicare amount for 2026.

## About Simpra Advantage

### Summary of Benefits:

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. This document is also available in alternative formats, such as large print or audio, upon request. For a complete list of benefits, see Chapter 4 of the *Evidence of Coverage* (EOC) online: <https://simpra.com/for-members/plan-documents>. To request a hard copy of the EOC, please call Member Services at the number below.

If you want to know more about the coverage and costs of Original Medicare, look in your 2026 “**Medicare & You**” handbook. Visit <http://www.medicare.gov/medicare-and-you> to view or download a copy. You may also request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

### Provider Network:

Simpra Advantage serves all counties in Alabama. For information on Simpra network of doctors, hospitals, pharmacies, and other providers, visit our website at [Simpra.com](http://Simpra.com). If you use providers that are not in our network, the Plan may not pay for these services. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

### Special Supplemental Benefits for the Chronically Ill:

SSBCI benefits (Food and Produce, General Supports for Living, and Social Needs benefits) are Special Supplemental Benefits. To be eligible for these benefits, the member must have one or more of the following chronic conditions: Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning. Not all enrollees qualify. If you qualify for one of the chronic conditions, your coverage also depends on being a “chronically ill enrollee” as defined by CMS regulations and on this Plan’s coverage criteria for SSBCI.

### To join Simpra Advantage Dual Care (PPO D-SNP), you must:

- be entitled to Medicare Part A, and
- be enrolled in Medicare Part B, and
- live in our service area, and
- receive any type of assistance from the Title XIX (Medicaid) program, including full benefit dual eligible individuals, as well as those eligible only for the Medicare Savings Programs (QMB, QMB-plus, SLMB-plus, FBDE).

### To reach our Member Services Representatives:

- Toll Free **1-844-637-4770** (for accommodations call TTY/TDD **1-833-312-0044**)
- Hours of operation: 8 a.m. to 8 p.m. local time, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Member Services is closed on the following Holidays: Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.

Simpra Advantage Dual Care is a PPO D-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Based on a Model of Care review, Simpra Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027. Simpra Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. In addition to your Plan premium, if you have any, you must continue to pay your Medicare Part B premium. Medicaid pays the premium for those who meet the Low-Income Subsidy or qualify for Extra Help.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, tobacco, firearms and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment.